

DOCUMENT RESUME

ED 430 204

CG 029 297

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TITLE Negative Outcomes of Diversity Training: What Can We Do?
PUB DATE 1999-00-00
NOTE 16p.; Paper presented at the Great Lakes Regional Counseling Psychology Conference (Columbus, OH, April 22-23, 1999).
PUB TYPE Information Analyses (070) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counselor Training; Cultural Pluralism; Ethics; Higher Education; *Student Attitudes
IDENTIFIERS *Diversity Training

ABSTRACT

For a number of years, Division 17 of the American Psychological Association has delivered a strong message to all accredited sites as to the importance of attending to diversity in the training of Counseling Psychologists. Although many training sites have responded to this mandate, scholars and researchers have, in increasing numbers, added clarity to describing multicultural counseling competence and identifying appropriate and acceptable attitudes. Seldom addressed is the reality that in spite of training, many graduates leave programs with the same beliefs with which they entered. Training addressing diversity might support and reinforce those who tend to already embrace and value the ideas of difference, but not touch at all the attitudes and values of those who had entered with closed minds and hearts. The latter is the focus of this paper: negative outcomes of diversity training. This paper defines "unacceptable" outcomes of diversity training, provides possible explanations for these negative outcomes, and presents recommendations to programs in attending to students' post-training multicultural awareness, knowledge, and skills deficits. (Contains 20 references.) (Author/MKA)

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Running head: NEGATIVE OUTCOMES OF DIVERSITY TRAINING

Negative Outcomes of Diversity Training:

What Can We Do?

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1999 Great Lakes Regional Conference

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Abstract

For a number of years, Division 17 of the American Psychological Association has delivered a strong message to all accredited sites as to the importance of attending to diversity in the training of Counseling Psychologists. Although many training sites have responded to this mandate, scholars and researchers have, in increasing numbers, added clarity to describing multicultural counseling competence and identifying appropriate and acceptable attitudes, seldom do we address the reality that in spite of training, many graduates leave programs with the same beliefs with which they entered. Training addressing diversity might support and reinforce those who tend to already embrace and value the ideas of difference, but not touch at all the attitudes and values of those who had entered with closed minds and hearts. The latter is the focus of this symposium: Negative outcomes of diversity training. This symposium will: (a) define 'unacceptable' outcomes of diversity training; (b) provide possible explanations for these negative outcomes; and, (c) present recommendations to programs in attending to students' post-training multicultural awareness, knowledge, and skill deficits.

Negative Outcomes in Diversity Training:

What Can We Do?

Since the American Psychological Association's mandate to include diversity training in accredited training programs, the profession has given ever increasing levels of attention to the issue of producing multiculturally competent graduates. (APA, 1980) With the inception of this professional value came numerous interpretations of what constituted multicultural competence and methods whereby to train students to effectively interact with and understand individuals not sharing a similar cultural background. Increased interest and myriad viewpoints on the topic of diversity resulted in a new "culture" within the profession. This professional culture has both developed the current methodology for diversity training programs and encouraged lengthy debate on the inadequacy of the current zeitgeist driving the multicultural movement. Nearly twenty years have passed since the profession officially recognized the necessity of diversity training for trainees and a generation of trainees have had the opportunity to benefit from instruction and experiences intended to increase their understanding of diversity.

Diversity Training

Understanding the nature of cross-cultural counseling relationships in the field of counseling psychology has been the focus of substantial investigative inquiry in recent decades. Initially, studies focused on the psychology of Black identity development in a racist, dominant, white culture and the implications of racism on the cross-cultural counseling dyad. The continuing evolution of racial identity theory, including white racial identity (Helms, 1995), has moved the profession forward by establishing a preliminary foundation for understanding the dynamic cross-cultural relationship. Furthermore, as the counseling profession becomes more

sensitive to issues of culture, it makes continuing efforts to educate its trainees and members. Training manuals typically focus on three basic concepts: a) Understanding the diverse experiences of members from other cultural groups; b) understanding how differences in culture potentially limit communication and; c) possessing a specific set of abilities that increase the probability that a counselor will be culturally skilled (Pope-Davis & Dings, 1995). Unfortunately the counseling profession has only defined cross-cultural competence in broad terms. As a result, how the phrase "specific sets of abilities" is defined in terms of counselor skill remains unclear. In short, at this point in the development of our professional community, we believe we know multicultural competence and incompetence when we see it through our own subjective worldviews, but, we have a difficult time defining what specific characteristics or configurations of characteristics constitute these distinctions across subjective interpretations.

Tripartite Model

Responding to the increasing interest and need for an organizational position on multicultural issues, Division 17 of the American Psychological Association (1980), summarized the organization's standing on diversity issues in training and practice. Sue and Sue (1990) condensed this position statement into the well known tripartite model for multicultural training, practice and research: personal awareness (self and other), cultural knowledge, and cross-cultural counseling skills. This model often guides the development of multicultural training courses, training program diversity statements, and criteria for assessing general multicultural competence. Because the components of the model are broad and open to subjective interpretation, training programs and members of the profession still seek clarification of what constitutes a multiculturally competent trainee or counselor.

Attempting to describe the competent counselor, theorists develop sometimes expansive descriptions. Ponterotto (1998) commented on a new wave of qualitative research dealing with behavioral and attitudinal characteristics of competent counselor trainees in training programs. The profile consists of the following trainee characteristics: 1) Exercises openness and curiosity with relation to training activities; 2) demonstrates willingness to examine their own socialization history— family and community environment, schooling, church, friendships, etc; 3) exhibits courage to self-disclose views, opinions, feelings, and questions during group discussions; 4) exchanges non-defensive interpersonal interactions and can absorb and consider feedback regarding sexist, racist, and homophobic attitudes and expectations; 5) demonstrates high levels of resiliency, psychological hardiness, and cognitive complexity; 6) displays a commitment to developing multicultural competence in spite of the many challenges that are involved in the process. (This commitment extends to social justice issues and to the general appreciation for the culturally different); and 7) makes active efforts to learn more about multicultural issues through additional course work, conferences and workshops, and independent reading and research. These students also commit to increasing their personal contact across cultures. Indeed, the preceding description of counselor trainees appears to be a good attempt at accounting for characteristics necessary in cross-cultural counseling relationships; however, no mention is made of what to do with students not exhibiting these characteristics.

Cross Cultural Training

Michael D'Andrea (1991) identified relationships between the student's multicultural development, awareness, knowledge, and skill, and formal instructional strategies. Robinson (1988) proposed that traditional training was not necessarily the only effective method whereby

students learn counseling competence. Comparison of the previous findings suggests that traditional training methods are not the only source of counseling skill acquisition and that some students may begin training programs already having acquired fundamental skills that predispose them to effective cross-cultural counseling relationships.

Furthermore, to make the assumption that all students and professionals share the same concern for matters involving cross-cultural competence would be in error. Steward, Morales, Miller, and Weeks (1998) found that students' completion of or participation in multicultural counseling coursework did not necessarily result in their acceptance or valuing of multicultural counseling issues or related literature. Ever increasing studies investigating relationships among trainee populations and training models suggests that more empirically supported understanding is needed.

Helms(1984) furthers this discussion by proposing that competence may be linked to attitudinal predispositions. Specifically, she suggests that competence might be related to factors including race, racial attitude, and the perceived racial attitudes of the other person, or client. This suggestion, may, in part, explain differences between competent and incompetent counselors as well as why some trainees respond more positively to training than others.

Considering the initial tenets of multicultural competency (i.e., Understanding the diverse experiences of members from other cultural groups; understanding how differences in culture potentially limit communication; and possessing a specific set of abilities that increase the probability that a counselor will be culturally skilled), the responsibility for producing competent cross-cultural counselors may not rest entirely upon instructional interventions in training programs; counselors and trainees may bring with them attitudes which predispose them to be

more effective in cross-cultural counseling settings. Furthermore, if some counselor trainees have positive racial attitudes which predispose them to be effective counselors, it will be important to understand why some trainees are not able to or are not interested in developing culturally sensitive ways of being with clients and colleagues within the profession.

Although it is important to understand what produces competence, it is also important to note that all trainees do not demonstrate competence at the time of program completion. Furthermore, with all of the discussion about what to do to produce culturally sensitive trainees and training programs, the profession has not spent sufficient time discussing what to do with trainees that do not demonstrate culturally sensitive beliefs and attitudes at the time they exit their training programs. It is time to begin an investigation into why some trainees are not culturally sensitive to diversity issues and what to do with students that do not demonstrate competence before graduation.

Negative Outcomes of Diversity Training

In most cases, doctoral students come into training programs with very different backgrounds and worldviews. This is to be expected when the profession encourages diversity within programs. Within diverse cohorts of students, two groups form shortly after admission consisting of students who actively engage in activities that promote cultural sensitivity and students that have difficulty interacting with individuals not like them. It is the latter group that deserves further attention.

A typical case example is the student that does very well with the academic aspects of the training program; success with coursework is generally viewed by the student to be a strength and therefore, there is no early indication that the student will have difficulty completing the

requirements of the program. Distinct problems emerge when the student begins to engage in the applied aspects of the program (an applied diversity course). This is demonstrated when the trainee is unable to successfully engage clients during a cross-cultural counseling role-play. Often these breakdowns occur when the trainee is dealing with a minority client who is having a difficult time in a predominantly White university setting. Instead of addressing issues of race (including institutional racism and prejudice) as they relate to the client's experience, the trainee automatically offers an intervention meant to address the client's inability to refer to an internalized locus of control (such an intervention might include assertiveness training). Although such an intervention would be culturally appropriate for a White client, it is not appropriate for a minority student experiencing racism; furthermore, repeated miscalculations are an indication that the trainee is not competently addressing the needs of their minority clientele.

Because it is assumed that all trainees will make miscalculations when assessing client needs and suitable interventions, early "cultural collisions" in the counseling relationship are not uncommon among all trainees. (Steward, Gimenez, & Jackson, 1995) Distinctions between groups of competent trainees and incompetent trainees emerge when miscalculations continue to occur after receiving feedback from the instructor and peers. In extreme cases, trainees have been known to maintain the position that racism (or any other race related issue) is not an issue and objective opinions or literature suggesting otherwise are biased.

Ethical Considerations

When students repeatedly resist attempts made by the training program to remediate weaknesses, it becomes the responsibility of training director and diversity course instructors to review the circumstances of each case. The American Psychological Association clearly states in

the Ethical Principles of Psychologists and Code of Conduct (1992) that psychologists only provide services within the boundaries of their competence. In addition, psychologists take reasonable steps to ensure that they have an awareness of professional information in their fields of activity in order to protect patients, clients and others from harm. At this juncture in the development of multicultural counseling research, the concept that racism exists is widely accepted in the profession and therefore is not an argument for rationalizing incompetent behavior in cross-cultural counseling relationships between trainees and clients.

In the literature discussing problems and impairment of trainees, Lamb and his colleagues (1987) discuss criteria to consider when evaluating a trainee and their degree of problem behavior:

- (a) the intern does not acknowledge, understand, or address the problem when it is identified; (b) the problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training; (c) the quality of services delivered by the intern is consistently negatively affected; (d) the problem is not restricted to one area of professional functioning; (e) a disproportionate amount of attention by training personnel is required, and/or (f) the intern's behavior does not change as a function of feedback, remediation efforts, and/or time (p.599)

The trainee moves from "problem" status to "impaired" status when most of the criteria are met. Even with the assistance of a problem definition, training programs are hesitant to act beyond encouraging the student to change. Subsequently, degrees are conferred upon deficient students at the completion of their programs. It is our belief that this practice occurs because: (a) the profession does not have a clear definition of multicultural competence; (b) diversity issues, within

training and practice, are still considered open to subjective interpretation, thus allowing students to feel justified in beliefs that are not respectful of clients; (c) training programs fail to respond to trainee "problems" and "impairment" assuming that dismissing an incompetent student would cause greater harm than allowing the student to "act out" on client populations.

Suggestions For Change

Remaining aware that training programs will not likely move toward dismissing trainees for incompetent multicultural interactions in the near future, we are proposing some temporary solutions to address multicultural incompetence in trainees. We would like to preface these proposals by stating that our primary responsibility is to protect the trainee's potential clients. We have a responsibility to ensure that future professionals are not allowed to harm or engage in otherwise unethical behavior with clients. This includes serving or interacting with clients or patients from diverse populations when there is evidence from the training experience to suggest that the trainee did not demonstrate competence with these populations. The profession's goal should be to prepare competent psychologists. When this does not occur because of a student's choice or inability to internalize learned principles into integrated counseling practices, then action to protect clients from these individuals may be warranted.

Two solutions emerge. First, the profession developed a professional code to address issues of training and competence. We emphasize that the expectation of competence is clear in the code. Given this fact, we recommend that faculty with the responsibility of determining competency for all domains within training programs seriously consider what it means to be multiculturally competent, how these competencies will be evaluated, how the process for remediation will be consistently implemented and if necessary, and if necessary, how the

incompetent student will be dismissed with due process. Many training programs already have policy statements in place to address the negative outcomes of diversity training, however, it is also assumed that most do not consistently follow through with pre-defined procedures since there are multiculturally incompetent clinicians and professionals practicing psychology.

The final suggestion is in response to less than positive outcomes from the first and preferred suggestion. If the profession cannot independently regulate its professionals, we recommend a shift in the state licensure process. Specifically, if students are not required to demonstrate competence during training, then they should be required to demonstrate this competence before becoming a fully licensed psychologist. According to successful demonstration of competencies, students could become partially or fully licensed. For example, if it was established that a graduate was competent with some but not all client populations, then they would receive a limited population license reflecting the populations with which they intervened competently. Furthermore, to prevent abuse within the system, it would be necessary that professionals from diverse populations certify the competence level of the applicant for the respective population or group that they represent. It is certain that these requirements would slow the licensure process, but applicants not demonstrating competence would not be allowed to perpetuate the same insensitive practices (caused by racism, prejudice and cultural bias) for which clients seek comfort, healing, and help.

In conclusion, this discussion has focused on the many factors within the current model for teaching diversity in psychology programs that contribute to negative outcomes of diversity training. We believe that the primary reason for these outcomes is the emphasis that is placed on "attitude" during the training process. Some students learn the correct "attitude" in order to pass

a course or to appear sensitive. Through learning the "attitudes" and "correct responses", students intellectualize their beliefs and emotions surrounding issues of diversity and particularly race. Instead of continuing the pursuit of awareness or attitude training, we hope that the profession will consider a shift toward assessment of professional behaviors as the criteria for determining multicultural competence. Thinking about and discussing options such as limited population licensure is a beginning whereby the profession can begin to think about its performance in terms similar to those of the service population. Clients assess professional behaviors when assessing satisfaction and whether or not the clinician was helpful during the intervention, why then should we not be concerned with how trainees represent the profession through their behaviors during and after completion of diversity training programs?

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